WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

properly classified.

MON is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

	100	1)		6
U	1	0	6	0
V	w	-		

County Sources Registration Dist. No. 20 Village or City Mercon. (If death occurred in a hospital or institution, give its NAME instead of street and numbe Length of residence in city or town where death occurred of the street and numbe death occurre	
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME OLU TB allows. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME OLU TB allows. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	Ward
(a) Residence: No.	
(Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED, OR DIVORCED (write the word) Color of Divorced (write the word) 5. If married, widowed, or divorced (Day) (Month)	(ear)
HUSBAND of Gor) WIFE of Prelix 13 allows 22. I HEREBY CERTIFY. That I attended decease the state of the state	
6. DATE OF BIRTH (month, day, and year) 185 I lest saw h elive on 1974; deat	
7. AGE Years Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	
1 R Trade profession or particular	ol onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased lest worked et 11. Total time (years) this occupation (month end	
10. Date deceased lest worked et this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) 27. cl. Other Cantributory Causes of importence:	
(State or country) Typhini Jens	
13. NAME 13. NAME	
13. NAME 14. BIRTHPLACE (city or town) 14. Date of Name of operation Date of	
What test confirmed diegnosis? Was there an eutopsy	?
15. MAIDEN NAME 7 Vielis Bullis 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 1.	
O 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury 1, 1 (Stete or country)	9
Where did injury occur? 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	
18. BURIAL OREMATION, OR REGIOVAL Place Musely wrying Bate 7/17, 1934 Nature of Injury	
19. UNDERTAKER Leage Williams 124. Was disease or injury in any way releted to occupation of deceased?	
20. FILED 7/17, 19134 Gurelea Barrier (Signed) Surge Carull Registrar. (Address) Surger mo	M. D.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F V E U	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	STATE (OF MARYLAND-	CERTIFICATE OF DEATH	1 07379
1. PLACE OF	0	+ -		19/1 L.
County	Tomerse	1	Registration Dist.	No. # 6- 269
Village or Ci	ty	anokin	No. If death occurred in a hospital or institution, give its NAME inste	St., Ward
Length of resid	ence in city or town where		sds. How long in U.S. If of foreign birth?	
2. FULL NAM	ME Obi	Clippinge	N	
(a) Residence	e: No.	undento	St., Ward.	
PERSON	AL AND STATIST	(Usual place of abode)	MEDICAL CERTIFICATE OF	ity or town and State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	DEATH
m	W	OR DIVORCED (write the word)	(Month)	17 , 1934
5a. If married, widowe HUSBAND of	d, or divorced	1 21'		(Day) (Year)
(or) WIFE of	annie	Showers Cliffin	1 HEREBY CERTIFY, I	
6. DATE OF BIRTH (r	nonth, day, and year	not burrow	I last saw have alive on last	7-17, 19 ³ 4.
7. AGE Year		Days If LESS than	to have occurred on the date stated above, at	
about 7	7 nut	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of li were as follows:	4
kind of we	ion, or particular ork done, as SPINNER,	700		Date of onset
E SAWIER,	BOOKKEEPER, etc usiness in which	rumes	- Tremes cente Del	Bent ply 14
9. Industry or b work was SAW MILE	done, as SILK MILL, , BANK, etc			
U I IO. Date decease	tion (plonth and 102:	11. Total time (years) spent In this 55		
year) _Q_	and July 1.2.	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city (State or count		ville Pa	General artino Peleus	eu
	olem (O	01/2000	Olsano mysendety	
Ξ	o opin	2 10	Clare Out right	
14. BIRTHPLACE		reunice Pa	Name of operation	Date of
15. MAIDEN NAM	E Ena Til	but	What test confirmed diagnosis? 23. If death was due to external causes (VIDLENCE) fill in al.	
15. MAIDEN NAN	city or town)	Pa.	Accident, suicide, or homicide?	the second second
∑ (State or) 1/ /	Where did injury occur?	
17. INFDRMANT (Address)	John 1	I Hoch	(Specify city or town, Specify whether injury occurred in INDUSTRY, in HDME, or	r in PUBLIC PLACE.
18. BURIAL, CREMATT	ON, DR REMOVAL	Inlace a	Manner of injury	
Place	mppill, le	L. Date 1934	Nature of injury	
19. UNDERTAKER	om Upn	adstan	24. Was disease or injury in any way related to occupation o	of deceased?
20, FILED 7	20,1034 Que	relia 12 auro Registra.	(Signed) Trough Coulling	/
-	If more	blanks are meeded address State Periode a		

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	The state of the s	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

item of infor- should state of OCCUPA.	1. PLACE OF DEATH County Somerset Village or City Not Crishield Mad	Registration Dist. No. 27.0 No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
RD. Every IYSICIANS statement	Length of rasidence in city or town where daath occurred yrs. mos. 2. FULL NAME Sarah Auturn (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U.S. If of foreign birth?yrsmosds. St., Ward. If nonresident give city or town and State
T RE. Y. Exs	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) 1 (Day) 193 3 4 (Year)
DING INK—THIS IS A PERMAN. AGE should be stated EXAC so that it may be properly classifications on back of certificate.	HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormln. 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceasad lest worked at this occupation (month and year) 11. Total time (yaers) spent in this occupation t2. BIRTHPLACE (city or town) (State or country)	22. 1 HEREBY CERTIFY. That I attended dacassed from 30, 1934, 10, 31, 1934 I last saw h. A alive on 1934, 10, 1934; daath is said to have occurred on the date stated abova, at 310 Am. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Other Cantributory Causes of Importance:
E PLAINLY, WITH U should be carefully sug OF DEATH in plain the very important. See	13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece 13. NAME 14. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece 19. 19. 14.	Name of operation
N. B.—WRITE mation sl CAUSE TION is	19. UNDERTAKER John & Bradshau (Addiass) Justice & Bradshau 20. FILED July 31, 193 4 July Registrar. If more blanks are needed, address State Registrar.	Nature of Injury 24. Wes disease or injury in any way related to occupation of daceased? If so, specify (Signed) M. D. (Address) Crist field W. Challe Start Relation B. C. S.

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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

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1. P	LACE OF DE	ATH		64	3	
	CountySon	nerset			Registration Dist. No	270
	Village or City	Crisfi	eld. R.D	.#2	No.	Ward
	Length of residence is	city or lown where	death assured	(1)	r death occurred in a hospital or institution, give its NAME instead of street;	and number)
					sds. How long in U.S. if of foreign birth?yrs	mosds.
	ULL NAME					
	(a) Residence: No				St., Ward.	
	PERSONAL A	ND STATIST	(Usual place		If nonresident give city or town	
3. SEX		LOR OR RACE		RIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH	1
			OR DIVORCE	D (write the word)	21. DATE OF DEATH	31
	nkn . V	Vhite	Singl	е	July 28 (Day)	(Yeer)
Ht	JSBAND of r) WIFE of	ivorced			22. I HEREBY CERTIFY, Thet I atten	ded descend from
(0)	I) WIFE OI					
6. DATE	E OF BIRTH (month,	day, end year)	July 2	8. 1934	I last saw h aliva on, 19	
. AGE	Years	Months	Days	If LESS than	to have occurred on the date steted above, atm.	, deeth 13 361d
				1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8.	Trade, profession, or	particular		ormin.	were as follows: STILIBORN	Date of onset
2	kind of work dos	ne, as SPINNER, (EEPER, etc			STITIOURI)	
9.	Industry or business	s in which				
3	work was done, a SAW MILL, BAN					
3 10.	Date deceased last this occupation (month and	11. Totel ti	ime (years) nt in this		
	yaar)		occu	pation	Other Contributary Causes of importanca;	
iz. BIR	THPLACE (city or tow	m)Somon	set Co-	Md.	Other Conditional Causes of Importance;	
- 1	(Stata or country)			112 00		
13.	NAME	Dewey (Cox			
14.	BIRTHPLACE (city or	town)			Nema of operation	
	(State or country)			Whet test confirmed diagnosis? Wes there	
15.	MAIDEN NAME	Sarah I	K.		23. If death was due to external causes (VIOL ENCE) fill in also the follow	
16	BIRTHPLACE (city or	town)			Accident, suicide, or homicide? Date of injury	7
É	(State or country				Whara did injury occur?	, 17
7 INFO	ORMANT				(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State)
	(Address)				Specify in the state of the page of the pa	FLAUE.
8. BUR	IAL, CREMATION, OF	REMOVAL	ALL ROSELL		Manner of injury	
	Placé		Dete	, 19	Nature of injury	
o Hun	FDTAVED				24. Was disease or injury in eny way related to occupation of deceesed?	
	ERTAKER (Address)					-
0 5.1.	D. Cary 2	V. 34	14/10	84.0	(Signed) le Ele allin	gistras
O, FILE	- Chille	7, 19		Registrar.	(Address) Cusfuld	,
	- // -			9		W. W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH Jo pluods County_ Registration Dist. No. Village or City J0 (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs. statement 2. FULL NAME PERMANENT RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) down assified. (Month) (Day) (Year) 5e. If merried, widowed, or divorced HUSBAND of O 22. IHEREBY CERTIFY. (or) WiFE of That I ettended deceased from 73 6. DATE OF BIRTH (month, day, end year) certificate properly 7. AGE Years Months Days If LESS than to have occurred on the date 1 day, hrs The PRINCIPAL CAUSE OF DEATH and related causes of importence or____min. Date of onset Trede, profession, or perticular THIS. OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ back may 10. Date deceased last worked et uo 11. Total time (years) this occupation (month end spent in this that occupation _. instructions 12. BIRTHPLACE (city or town (State or country) supplied in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation. (State of country) carefully What test confirmed diegnosis? Was there an eutopsy?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city nr town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, DROREMON -WRITE Manner of injury 00 CAUSE mation TION Nature of Injury ... 24. Was disease or injury in any way related to occupation of deceesed 19. UNDERTAKER (Address) If so, specify M Registrar.

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A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 17382
state UPA-	1. PLACE OF DEATH	(2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3
CC PF	County 20 see 2	Registration Dist, No. 270
should f OCC	Village or City h Crushed Jud	No. St., Ward
# 0		death occurred in a hospitallor institution, give its NAME instead of street and number)
ANN ent		ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME THE TALL	
CORD. Ever. PHYSICIAN	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC. PH Exact	3. SEX 4. COLOR OR RACE 5. SMGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY I	Male negro OR DIVORCED (write the word)	(Month) (Day) (Year)
MANEN A C T I	5a. If married, widowed or diversely leading to the HUSBAND of	
IAI A C issi	(or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
CXE.	MAU 1893	lest you had a stigg on Out to a Company of the state in sold
PE II F	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 11.150 m
IS A PE stated E properly certificate	41 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
st: pr pr	8. Trade, profession, or particular	were as follows: Of the formula Date of onset
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLA Couples Park 1. 10. Date deceased last worked at this occupation (month and couples) spent in this speciment in this speciment in this speciment.	116
ould may pack	9 Industry or business in which work was done, as SILK MILLE Revision Dark	
26 .6	work was done, as SILK MILLA CLASS TO SAW MILL, BANK, etc	
5 t (2)	10. Date deceased last worked at this occupation (month end care) spant in this 20/2 occupation 20/2	
NFADING I pplied. AGE erms, so that instructions o	244	Other Contributory Causes of importance
L. So se ucti	12. BIRTHPLACE (city or town) (State or country)	Vaculians of Phylothese July
UNFA supplied n terms, ee instri	II 13. NAME COLL	16
D # 2 "	E 744 - 144 7. (Name of according
T -= 10	14. BIRTHPLACE (city or town)	Name of operation
WITT] efully in pla int.	15. MAIDEN NAME Sarah Bayon	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Murumbece. (State or country)	Accident, suicide, or homicide?Date of injury
INLY, be cal EATH import	State or country)	Where did injury occur?
	17. INFORMANT Edille Gale	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Maruses MA	
Shoul Shoul E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
on ISE N is	Place Moulance on Date ang 1,1938	Nature of injury
-WRIT mation CAUSH TION i	19, UNDERTAKER Chas H Word	24. Was disease of injury in any way related to occupation of deceased?
E DE	(Addiess) masion prod-	If so, specify If I I I I
-	20. FILED 7/3/ FH Chirelia Franson	(Signed) Culaley P. A. M. D.
4	Registrar.	(Address) 909 W. not plus regiels the
- 4	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

	Marine Edward		

ADDITIONAL SDACE FOR EUDTHED STATEMENTS BY DIVELSIAN

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MADVIAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH 07383
County Longs	Registration Dist. No. 2-7D
Village or City Cristaled Md	N-
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or toy where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SOSCE IV. XXXX	stugs.
(a) Residence: No. (Creating of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (waste the word)	21. DATE OF DEATH
Fernale Wille Married Washed	(Month) (Day) (Year)
HUSBAND of Cory Wife of	22. I HEREBY CERTIFY, That I attended deceased from
mor, IV, Carrings	march 27 ,1934, 10 July 25 ,1934
6. DATE OF BIRTH (month, day, end year) Sucy, 26 7 1902	I last saw h lh alive on July > 3 , 193 +; death is said
7. AGE Years Months / Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4m.
0rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc.	Pulmorary Intersuloses 15 yr ago
Kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month end	
10. Date decessed last worked at this occupation (month and year) spent in this occupation occupation	
12, BIRTHPLACE (city or town) Some of Bal	Other Contributory Causes of Importance:
(State or country)	mittel skulsie muffellus
13. NAME Of A. Culley	
13. NAME OF D. Culley 14. BIRTHPLACE (city or town) Domessel Co.	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Curucul Was there an autopsy? ko
15. MAIDEN NAME Amy H. Skelling 16. BIRTHPLACE (city or town) 16. SIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury of our? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether foling occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, OREMATION OR REMOVAL	Manner of injury
Place los uy backley Date July 27, 1937	Nature of Injury
19. UNDERTAKER / D. Day Santa	24. Was disease or injury in any wey releted to occupetion of deceased?
(Address) Confichi,	If so, specify
20, FILED July 2 19 5 4 10 1 Level Registrar.	(Signed) Sahah M. Vey ton M.D. (Address) Cris hell, mary Rand

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

See instructions on back of

TION is very important.

certificate.

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF WEATH	(159)
County Xornerson-	Registration Dist. No. 266
Village or City Year Or tune my	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrs,mosds.
\bigcap	A
2. FULL NAME Imfrant Howar	
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
Dref Whili OR DIVORCED (write the word)	Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
0 3/ 34	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS that	I last saw h ; deeth is said to have occurred on the date stated above, at m,
1 days V	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
RIO OF THE POWESSING OF PARTICULAR AND THE POWESSING OF T	Jamolun hark
SAW MILL, BANK, etc	- Congo Cura French
- timo occupanton (months and	
year) occupation	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	***************************************
(State or country).	
13. NAME (Char) V- Howard 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or county)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME VEAR ECS in Brund 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
12 1 O A I H	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WIRLAM A. Non and A. (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALY	Menner of injury
Place Oliver Church Date July 27, 193	<i>V</i>
2 0	Nature of injury
19. UNDERTAKER TOURS (Address) Oringing Comments	24. Wes disease or injury in any way related to occupation of deceased?
O and an OMI'M	(Signed) Krush (Xofin allundones/M.D.
20, FILED fully 26, 1934 19 Mills Registrar	
	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:	1 year
		3
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

SECTION SERVICE SERVICE			
			•
		/ Au.	

should state

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address)

20. FILED.

mation should be carefully supplied.

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH 07355
County Somerset Village or City Crisfield McCready Me Length of residence in city or town where death country	Registration Dist. No. 2 7 MONICAL HOSPITAL St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of Ioreign birth? yrs. mos. ds.
2. FULL NAME Mary Jones (a) Residence: No. Broadway (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX F 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 7 (Month) (Day) (Pear)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of George Jones	22. I HEREBY CERTIFY. That I attended deceased from
Exact date unknown 6. DATE OF BIRTH (month, day, end year) 7. AGE About 48 Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on form a 1934; death is said to heve occurred on the date steted above, at 230 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	Date of onset
year) 1934 occupetion Somerset County State or country Md	Other Contributory Causes of Importance:
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) (State or country)	Incerioms of Stimber
(State of Country)	Neme of operation 20
16. BIRTHPLACE (city or town) (State or country) Somerset County	23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Rosevelt Horsey (Address) Crisfield Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tinnley Cem. Date July 9, 19 34	Manner of Injury
19. UNDERTAKER John A. Bradaham	24. Was disease or injury in eny way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

(Address) __ Value or

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

P	STATE OF	MARYLAND-	CERTIFICATE OF DEATH 07350	,
	. PLACE OF DEATH		(159)	
	county Somersot		Registration Dist. No. 263	
	Village or City PoeH's Po	ad	NoSt. W	/ard
	Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmos	_ds.
1	FULL NAME TIRTY &1	izaboth Roc	alherbarre	
	(a) Residence: No.		St. Ward	
		(Usual place of abode)	If nonresident give city or town and State	
_	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		SINGLE, MARRIED, WIOOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Year))
5a.	If married, widowed, or divorced HUSBANO of	0		
	(or) WIFE of		22, I HEREBY CERTIFY, That I attended deceased in	from
	—	2 9 4 9.30AA	,1954,10 4 444 7 7 19 1	4
	AGE Years Months	/	// C - M	sald
1.	AGE Years Months	Oays If LESS than 1 day, 2 hrs.	to have occurred on the date stated above, at	
		or.25 min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	nset
Z	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.			
Ĕ	SAWYER, BOOKKEEPER, etc.	-		
P.	9. Industry or business in which work was done, as SILK MILL,		Iremature untont	
OCCUPATION	SAW MILL, BANK, etc	11. Total time (years)		
0	this occupation (month and year)	11. Total time (years) spant In this occupation		
		o And	Other Contributory Causes of importanca:	
12.	BIRTHPLACE (city or town) (Stata or country)	000		
~		7		
H	13. NAME 11/1/DELT DEC	thet barry		
FATHER	14. BIRTHPLACE (city or town)	4/000	Nama of operation Data of	
_	(State or country)	114140	What test confirmed diagnosis? Was there an autopsy?	
MOTHER	15. MAIOEN NAME TIL OFF	stor Bonnis	23. If death was dua to external causes (VIOL ENCE) fill in also the following:	
5	16. BIRTHPLACE (city or town)	2	Accident, suicide, or homicide? Date of injury, 19	
Σ	(Stata or country)	gracia	Where did injury occur?	
17	INFORMANT TIGTY Policte	+ Landie	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,	
17.	(Address) Policess +	mne Roules	The state of the s	
18.	BURIAL, CREMATION, OR REMOVAL	0.01	Manner of Injury	
	Place Mt , Olican Mot 0	ate 779 - 1934	Nature of injury	
	C, 1' 0-			
19.	UNOERTAKER TOLLING	and the state of	24. Was disease or injury in any way related to occupation of deceased?	
	1	of the state	If so, specify	
20.	FILED JULY 9 , 1934, 00 Up	ney Of Topken	(Signed) Sydny A.	1. D.
1	16 11	Registrar.	(Address)	140
	- IJ more blank	o ure needed, address State Kegistrar, :	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	- 8

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
UDDITIONAL	DI MULI	LUIL	T. O. IVIIIIII	SIMILMIEMIS	DI	LHISICIA	13

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE	OF	MARYLA	ND-CERT	IFICATE	OF	DEATH
	•		ID OLIV	11 10/11	O I	DEATH

1. PLACE O	E DEATH	1 1/1/11	LAND	—— B	
County	Smuret.			Registration Dist. No.	261
Village or (city marin.			No.	St Ward
Length of res	sidence In city or town where o		(II	f death occurred in a hospital or institution, give its NAME instead o	f street and number)
2. FULL NA	- 1 - 0.0	0 -	wer		
(a) Resider	nce: No.	ann.		St.,Ward.	
PERSON	MAL AND STATIST	(Usual place		If nonresident give city of	
3. SEX	AL AND STATIST	1	RIED. WIDOWED.	MEDICAL CERTIFICATE OF D	EATH
mal	ω.	OR DIVORCE	D (write the word)	21. DATE OF DEATH (Month) (Dev	uly 27 193 44 (Yeer)
5e. If married, widow HUSBAND of	wed, or divorced				/ //
(or) WIFE of	Lyant			22. I HEREBY CERTIFY, Thet	
6. DATE OF BIRTH	(month, day, end yeer)	, 273	7		
7. AGE Yee		Deys	If LESS than	to heve occurred on the dete stated ebove, etm,	-, 13, deeth is seid
4 moull	a Chey lu-		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Important were es follows:	rtence
8. Trede, profe	ession, or particuler				Date of onset
SAWYER	work done, es SPINNER, BDDKKEEPER, etc			(Suducto) 4 mullis	
work was	business in which is done, as SILK MILL, LL, BANK, etc.	N		Cureffor	
10. Date deceas	sed lest worked at 7/0	11. Total ti	ime (years) ntin this		
- 1 1113 0000	petion (month end	sper occu	ntin this opetion		
12. BIRTHPLACE (cit (State or cour	ity or town) and	h·		Other Contributory Causes of Importance:	
13. NAME	A	aluer			
		0.			
	E (city or town)	· · · · · · · · · · · · · · · · · · ·		Neme of operation	
15. MAIDEN NA	MEX PARO MA	20		Whet test confirmed diagnosis?	
16. BIRTHPLACE	(city or town)			23. If deeth was due to external causes (VIOLENCE) fill In elso th Accident, suicide, or homicide? Dete of inju	
	country)			Where did injury occur?	iry, 19
17. INFORMANT	7	lues		(Specify city or town, cour Specify whether injury occurred in INDUSTRY, in HOME, or in F	oty and State) PUBLIC PLACE.
18. BURIAL, CREMAT	TIDN, OR REMOVAL		1	Mannes of interest	
Place Fau	A -1	Date 2	127 ,1934	Menner of injury	
19. UNDERTAKER (Address)	Harold	Talin	ey	Neture of Injury 24. Wes disease or injury In any way related to occupation of dec	
20. FILED 7.	V7, 1934 Qu	relia B	Lawson		۷
	76	Hanta annu II	Registrar.	(Address) manion ynd	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributery course of in-	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH 07359
1. PLACE OF DEATH	4	(159)
County Saucer	sil	Registration Dist. No. 26-7
Village or City / Secto	w. md	No
Length of residence in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
- 0 1	deeth occurredyrs,mos	syrsyrsyrs
2. FULL NAME X finf	and has a second	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male White	OR DIVORCED (write the word)	July 2/ 193 4
5a. If married, widowed, or divorced	- ann Ar	(Month) (Dey) (Year
HUSBAND of (or) WIFE of	V	22. I HEREBY CERTIFY, Thet I ettended deceesed
	1. 1. 20 4 18511	July 207, 1934, to July 2/37, 193
6. DATE OF BIRTH (month, day, and yeer)	they 20 1934	Tiest sew its 19 77 ; deeth is
7. AGE Yeers Months	Deys If LESS then 1 day,	to heve occurred on the date stated above, et . 0
	ormin.	were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER,		Feeble Heart
SAWYER, BODKKEEPER, etc 9. Industry or business in which	***************************************	The Arm
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc		
O 10. Dete deceesed last worked et this occupation (month end	11. Totel time (years) spent in this	
year)	occupation	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Succ	cersit Coquety,	
(State or country)	marylaugh	6 mo in utero
13. NAME JULY WA	eter Varies	festation
13. NAME JOLLY WA	rible	Name of operation Dete of
(Stete of country)	Marylages	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME TLAY	aziotti gyres,	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Large 6 16. BIRTHPLACE (city or town) (Stete or country)	cauce Deguesas	Accident, suicide, or homicide?, 19
(Siere of country)	O r. Jours	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT J. J. VULLE (Address)	and	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION OR REMOVAL	and Im,	Managed Salara
Plece Omole Md	Dete 7/2//34 19	Menner of injury
Mit D	1 (27)	Neture of Injury
19. UNDERTAKER WE ALLEY OF	Man (paches)	24. Was disease or Injury In any way related to occupation of decessed?
7/	10 11	(Signed) Joling J. Rubs

Registrar.

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RUDEAU V. S	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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17/8/	CERTIFICATE OF DEATH 07390
1. PLACE OF DEATH	(159)
County Somerset	Registration Dist. No. 2 65
Village or City Crisfield	No. St., Ward
Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	yrsmosds.
2. FULL NAME TURNELL, -	yant
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
The state of the s	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, day, and yeer) July 18, 1934	last saw harmaliva on July 24 19 34, deeth is sald
7. AGE Years Months Deys If LESS then	to have occurred on the data steted above, at 6.07 m.
— 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
9 Trade profession or setting.	Mal Intrition
A. Trede, profession, or perturbation with discovery control of the control of th	
10. Deta decaased lest worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Cris field (State or country)	Other Cantributary Causes of Importence;
	Fremaline
14. BIRTHPLACE (city or town) Lawronia, md.	
(State of Country)	Name of operation Date of
15. MAIDEN NAME Juny Purnell	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Ludgueld Mid (Stata or country)	Accidant, suicide, or homicide? Deta of Injury, 19
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Tausonia Cen Date July 36, 1934	Nature of Injury
19. UNDERTAKER John a Bild Sham	24. Was disease or Injury In any way related to occupation of deceased?
(MUUIESS) (Mighty)	If so, specify (Signed) C, C, 2242
20. FILED prepto 1934 Challing	(Signed) M. D.

Registrar.

(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

plnods

OCCUPA.

Someroe to	191
V-V	Registration Dist. No. 260
Princeso aure	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
wn where death occurredyrsmos	ds. How long In U.S. if of foreign birth? yrsmos ds.
may Pina	00.4.4
(Usual place of abode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (wwite the word)	Jack 2/09 193 4
0	(Month) (Day) (Year)
mes l'issue	1 HEREBY CERTIFY. That I attended deceased from
nos 19 51887	Jan. 309,1932, to Jel 2/1984
ionths Days If LESS than	lant saw h.e. slive on 19.8 Y; death is sald
2 1 dey,hrs.	to have occurred on the date stated above, am. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
0 L or min.	were as follows:
NER, Honse wife	alureal deluses
71	Sacolege & ffeeshering to
u, Horre	The fill the therist
11. Total time (years) spent in this	
2.14.25 occupation	Other Contributory Causes of Importance:
Someract Co.	Caralitis
и о	
m. Jaylor	
Dominset Co	Name of operation
	What test confirmed diegnosis? La Was there an autopsy?
il one Layfield	23. If death was due to external causes (VIOLENCE) fill in also the following:
somersett.	Accident, suicide, or homicide? Date of Injury
	Where did Injury occur?
f. Tusky	Specify whether injury eccurred in INDUSTRY, in HOME of INPUBLIC PLACE.
ul Date July 2 8 , 19 3 4	Manner of injury
T ()	Nature of injury
related tons	24. Was disease or injury In any way related to occupation of deceased?
er o arm ms.	if se, specify
J. J. Smill	(Signed) Mes (Signed) Mullifm. D.
If move blanks are needed added to the Registrar.	(Address) J. Noul en appe
a, more viantes are needed, adaress State Registrar, 2.	412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- 1933 ×00 7 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

How long in U.S. if of foreign birth?_____yrs.____mos.___

(If death occurred in a hospital or institution, give its NAME instead of street and number)

OCCUPA Jo plnous statement RECORD. BINDING FOR

1. PLACE OF DEATH

Length of residence in city or town where death occurred

County

Village or City

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The second of th					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		BUREAU V.S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Findout the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

County. State of City Branch and State State of City and the Country of Italy of the Country of Italy of City and the City of town and State Medical State of City of Italy of C	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07395
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E. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. of min. 8. Trade, profession, or particular solution of devel of months of year of the year of year of the year of year of the year of yea	HUSBAND of	(1001)
AGE TAGE T	Nov. 13-1932 - Lande Carl	
8. Trade, profession, or particular kind of work doma as SPINNEY. SAWYER, BOOKEPEPR, atc. 9, industry or businass in which same as SPINNEY. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in fly s		i last saw h 2 alive on 7 / 28 / 3 4 , 19; death is said
8. Trade, profession, or particular kind of work done, as SPINNES SAVER, BOOKEFER, atc. SAVER, BOOKEFER, atc. 10. Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURTHPLACE (city or town) 19. What test confirmed diagnosis? Accident, suicide, or homicide? Sagoify whether injury occurred in INDUSTRY, in Hoffie, other particular diagnosis? 19. What red injury occurred in INDUSTRY, in Hoffie, other particular diagnosis? 19. What red injury occurred in INDUSTRY, in Hoffie, other particular diagnosis? 19. What red injury occurred in INDUSTRY, in Hoffie, other particular diagnosis? 19. What red injury occurred in INDUSTRY, in Hoffie, other particular diagnosis? 19. What red injury occurred in INDUSTRY, in Hoffie, other particular diagnosis? 19. What red injury occurred in INDUSTRY, in Hoffie, other particular diagnosis? 20. FILED MA. 31. 1934 19. Was disease or injury in any way related to occupation of decessed? 19. Was disease or injury in any way related to occupation of decessed? 19. Was disease or injury in any way related to occupation of decessed? 19. Was disease or injury in any way related to occupation of decessed? 19. Was disease or injury in any way related to occupation of decessed? 19. Was disease or injury in any way related to occupation of decessed? 19. Was disease or injury in any way related to occupation of decessed? 20. FILED MA. 31. 1934 19. Occupation decessed last was diseased. 21. Was disease or injury in any way related to occupation of decessed? 22. Was disease or injury in any way related to occupation of decessed? 23. Was diseased or injury in any way related to occupation of decessed? 24. Was diseased or injury in any way related to occupation of decessed? 25. Was diseased or injury in any way related to occupation of decessed? 26. Was disea	The Loop than	to have occurred on the data stated above, at. 6 A.m.
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Registrar. (Address) - Frankles Ochsic	(Addrass) Chr Clinger, his	
		(Signad) They It I Mully 0.
If more blanks are needed, address State Registrar, 2411 N. Charles Street Religious Pequeting (3) S. No.	Registrar. If more blanks are needed, address State Registrar, 2	1 Association of the state of t

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIREAU X S	i.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1 07396 state occurra. 1. PLACE OF DEATH should Jo PHYSICIANS Length of residence in city on town where death occurred statement IS A PERMANENT RECORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) stated EXACTL RGIN RESERVED FOR BINDING classified 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE Months Years I day, 5 ____hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, WITH UNFADING INK-THIS OCCUPATION jo SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work was done, as SILK MILL, should on back it may SAW MILL, BANK, etc ... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this that occupation _____ See instructions 80 12. BIRTHPLACE (city or town). (State or country) supplied. in plain terms, FATHER 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE TION is

19. UNDERTAKER (Address)

	Registration	Dist No	268	2 .
No. Jeath occurred in a horpital or instituti	ion, give its NAM	E instead of str		
ds. How long in U.S. if of	foreign birth?	yrs.	mos	ds.
Alfahoriga I	aylor			
St/ Ward.	16 nonrovident	give city or to	and State	
MEDICAL CE				
21. DATE OF DEATH		. 0. 02	*****	
	(Month) 2	1024	, 193	(Year)
22. I HEREBY	CERTIF	Y. That I a	ttended dece	ased from
I last saw'h alive on to have occurred on the date stated	19 Jijo	7 193		19ath is said
The PRINCIPAL CAUSE OF DEATH			nce	
were as follows: Primalis	in bis	the		ts of onsat
	or us	0		
		**		
Other Contributory Causes of impor	rtance:			
~				
Name of operation		D	ate of	
What test confirmed diegnosis?		Was th	iere an au'op	sy?
23. If death was due to external caus	ses (VIOLENCE) fi	ll in also the	following:	
Accident, suicide, or homicide?		Date of Injury		19
Where did Injury occur?	(Specify city or	town countr	and State)	
Specify whether injury occurred in	INDUSTRY, in HO	ME, or In PUI	BLIC PLACE.	
Manner of injury				
Nature of injury				
24. Was disease or injury In any wa	y soloted to occur	ation of Asses	and2	
If so, specify	y reserved to occup	ation of decea	ised I	
(Signed)	Du	Me	on	M. D.
(Address)	PALL OF ALL			

Registrar.

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BUKEAUV			
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PHYSICIANS should state

Exact statement of OCCUPA-

certificate.

TION is very important. See instructions on back of

1	infor-
)	Jo 1
1	item
	Every
•	RECORD.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
OR	A S
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V. S. No. 1 N. B. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PL	ACE OF	DEATH	OI MIAI	TLAND	— ®	
Vi	illage or City		leld	(1)	Registration Dist. No. 265 No. Pine St., I death occurred in a horpital or institution, give its NAME instead of street and numb ds. How long In U.S. If of foreign birth? yrs. mos.	
2. FU	ILL NAM		<u>S</u>			
P	ERSONA	L AND STATIS	TICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Fema	le	.color or race White	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH July 8, , 193	4 • (Year)
HUSI (or)	ried, widowed, BAND of WIFE of OF BIRTH (mo	or divorced	July 8,	1934.	22. I HEREBY CERTIFY, That I attended dece July 8, 1934, to July 8, I last saw h	ased from
7. AGE	Years	Months	Deys	If LESS than	to have occurred on the date steted above, atm.	Den 13 Jana
	0	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
eupation	kind of worl SAWYER, BO Idustry or bus work was do SAW MILL, I	ne, as SILK MILL, BANK, etc		time (years)	4 months fetus.	ts of onsat
12. B1RTH	PLACE (city of tate or country	,	field, M	ent in this supetion	Other Contributory Causes of Importance:	
13. N/		cold S. Water town) Cris (Intry)		id.	Name of operation Date of What test confirmed diagnosis? Was there an autopi	
16. BI	(State or con	ty or town) Cri	ard	(40)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
Disp 19. UNDER (Ad	OSED (CTAKER ddress) CI	of by Harrisfield,	DateJuly old S. W	8, 134. ard	Manner of Injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) Crisfield Md	

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